

FACSIMILE: (303) 740-6962

FACSIMILE COVER SHEET

JAN 31 2008

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

Date _____

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (303) 740-1980 and ask for Shannon Serrano.

JAN 31 2008

**FEE TRANSMITTAL
for FY 2007**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/931,458 |
| Filing Date | August 16, 2001 |
| First Named Inventor | Nicholas Paul Cowley |
| Examiner Name | Jones III, Clyde H. |
| Art Unit | 2623 |
| Attorney Docket No. | 42390P23768 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.☒ Credit any overpayments☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Excess Claims | Fee from below | Fee Paid |
|--------------------|---------------|----------------|----------|
| 14 | 20* | 0 | \$0.00 |
| Independent Claims | 4 | 0 | \$0.00 |
| Multiple Dependent | | | |

Large Entity

Fee Code

Fee (\$)

1202 50

1201 210

1203 370

1204 810

1205 810

Small Entity

Fee Code

Fee (\$)

2202 25

2201 105

2203 185

2204 405

2205 405

Fee Description

Claims in excess of 20

Independent claims in excess of 3

Multiple Dependent claim, if not paid

Reissue independent claims over original patent

Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity

Fee Code

Fee (\$)

1051 130

1052 50

2053 130

1251 120

1252 460

1253 1,050

1254 1,840

1255 2,230

1401 510

1402 510

1403 1,030

1451 1,510

1480 130

1807 50

1806 180

1809 810

1810 810

Other fee (specify)

Small Entity

Fee Code

Fee (\$)

2051 65

2052 25

2053 130

2251 60

2252 230

2253 525

2254 820

2255 1,115

2401 255

2402 255

2403 515

2451 1,510

2460 130

1807 50

1806 180

1809 810

2810 405

Fee Description

Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Non-English specification

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to institute a public use proceeding

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(a)

Submission of Information Disclosure Stmt

Filing a submission after final rejection (37 CFR § 1.129(a))

For each additional invention to be examined (37 CFR § 1.129(b))

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)

Mark L. Watson

Registration No.
(Attorney/Agent)

46,322

Complete (if applicable)

Telephone

(303) 740-1980

Signature

Date

01/31/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w3) 02/28/2007.
SEND TO: Commissioner for Patents, P.O. Box 1550, Alexandria, VA 22313-1450

RECEIVED
CENTRAL FAX CENTER

JAN 31 2008

FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/931,458
Filing Date August 16, 2001
First Named Inventor Nicholas Paul Cowley
Examiner Name Jones III, Clyde H.
Art Unit 2623
Attorney Docket No. 42390P23768

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakey, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 14 | 20* | 0 | 50.00 |
| 4 | 4* | 0 | 210.00 |
| Multiple Dependent | | | |

| Large Entity | Small Entity | Fee Description |
|---------------|---------------|---|
| Fee Code 1202 | Fee Code 2202 | 25 Claims in excess of 20 |
| Fee Code 1201 | Fee Code 2201 | 105 Independent claims in excess of 2 |
| Fee Code 1203 | Fee Code 2203 | 185 Multiple Dependent claim, if not paid |
| Fee Code 1204 | Fee Code 2204 | 405 **Reissue independent claims over original patent |
| Fee Code 1205 | Fee Code 2205 | 405 **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------|---------------|--|----------|
| Fee Code 1051 | Fee Code 2051 | 65 Surcharge - late filing fee or oath | |
| Fee Code 1052 | Fee Code 2052 | 25 Surcharge - late provisional filing fee or cover sheet | |
| Fee Code 2053 | Fee Code 2053 | 130 Non-English specification | |
| Fee Code 1251 | Fee Code 2251 | 60 Extension for reply within first month | |
| Fee Code 1252 | Fee Code 2252 | 230 Extension for reply within second month | |
| Fee Code 1253 | Fee Code 2253 | 525 Extension for reply within third month | |
| Fee Code 1254 | Fee Code 2254 | 820 Extension for reply within fourth month | |
| Fee Code 1255 | Fee Code 2255 | 1,115 Extension for reply within fifth month | |
| Fee Code 1401 | Fee Code 2401 | 255 Notice of Appeal | |
| Fee Code 1402 | Fee Code 2402 | 255 Filing a brief in support of an appeal | |
| Fee Code 1403 | Fee Code 2403 | 515 Request for oral hearing | |
| Fee Code 1451 | Fee Code 2451 | 1,510 Petition to institute a public use proceeding | |
| Fee Code 1480 | Fee Code 2480 | 130 Petitions to the Commissioner | |
| Fee Code 1807 | Fee Code 1807 | 50 Processing fee under 37 CFR 1.17(a) | |
| Fee Code 1808 | Fee Code 1808 | 180 Submission of Information Disclosure Stmt | |
| Fee Code 1809 | Fee Code 1809 | 405 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| Fee Code 1810 | Fee Code 2810 | 405 For each additional invention to be examined (37 CFR § 1.129(b)) | |

Other fee (specify) _____

SUBTOTAL (2) (\$) _____

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Mark L. Watson Registration No. 46,322 Telephone (303) 740-1980
Signature _____ Date 01/31/08

Based on PTO/SB/17 (02-07) as modified by Blakey, Sokoloff, Taylor & Zafman (wtr) 02/28/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**RECEIVED
CENTRAL FAX CENTER**

Our Docket No: 42390.P23768

JAN 31 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Cowley

Examiner: Sheleheda, James R.

Art Group: 2623

Application No.: 09/931,458

Filed: August 16, 2001

For: Tuner

AMENDMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 1, 2007, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

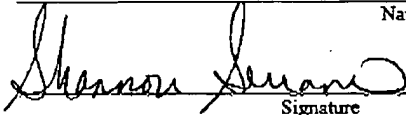
I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

January 31, 2008

Date of Deposit

Shannon Serrano

Name of Person Transmitting Correspondence


Signature

1/31/08

Date